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## STATEMENT OF

FORM 1	ORGANIZ	ZATION		
		······································		Office Use Only
NAME OF COMMITTEE (in ful	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	~
Grass Ro	ots Initiat	ive Holimain	tai: m	our
Mais10151-1+14	[P1011: +: cal	AICITI: 1011 1 LIUMIM	; + + ee	
ADDRESS (number and s	street) PO BOK 2	4,8,5, , , , , , , , ,		
(Check if addre	ess Lilia			
is changed)	الم	e I d	VA	22152-
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL	ADDRESS (Please provide only one	e-mail address)		
(Check if add	tress GISITIFIELEMA	n,1,5@gma: 1,,c	10M .	
(Check if add is changed)				
COMMITTEE'S WEB PA	GE ADDRESS (URL)		•	
(Check if add	dress			
is changed)				
2. DATE 0.6	1.6 2011			
3. FEC IDENTIFICAT	TON NUMBER			
4. IS THIS STATEMEN	NT NEW (N) OR	AMENDED (A)		
I certify that I have exam	mined this Statement and to the be	est of my knowledge and belief it	is true, correct	and complete.
Type or Print Name of T	Treasurer Robert F.	Carlin		
Signature of Treasurer	Takent Lan	<u>lii</u>	Date 0.6	16/2011
NOTE: Submission of felse	e, erroneous, or incomplete information	on may subject the person signing t		the penalties of 2 U.S.C. §437g.
Office Use		For turther information c Federal Election Commissi Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

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	FEC Fo	rm 1 (Revised 02/2009)	Page 2		
		OMMITTEE			
Can	didate	e Committee:			
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)			
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)			
Name Cand					
Cand Party	lidate Affiliati	on Office Sought: House Senate President	State District		
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name Cand					
Parl	y Con	nmittee:			
(d)			emocratic, publican, etc.) Party.		
Poli	tical A	ction Committee (PAC):			
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is a:		
	<del></del>	Corporation Corporation w/o Capital Stock	abor Organization		
		Membership Organization Trade Association	Cooperative		
		In addition, this committee is a Lobbyist/Registrant PAC.			
(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	egated fund or party		
		In addition, this committee is a Lobbyist/Registrant PAC.			
•		In addition, this committee is a Leadership PAC. (Identify sponsor an line 6.)			
Join	t Fund	Iraising Representative:			
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political		
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political		
	Com	mittees Participoting in Joint Fundraiser			
	COIII		<del></del> ;		
	1.	FEC ID number	<u>^^_</u>		
	2.	FEC ID number			
	3.	FEC ID number	<u>, , , , , , , , , , , , , , , , , , , </u>		
	4		<u> </u>		

٧	Write or Type Committee Name				
— 6.	Name of Any Connected (	Organization, Affiliated Committe	e, Joint Fundraising	Representative,	or Leadership PAC Sponsor
[N	11 C H A E L G 2:	[ M M	11111		111111111
L					
	Mailing Address	7308 113+4 A	HVE		
		BILOPINIA		[K <sub>1</sub> M]	11,228-
		CITY		STATE	ZIP CODE
	Relationship: Connecte	d Organization Affiliated Comm	ittee Joint Fundra	tising Representat	ive Leadership PAC Sponsor
7.	Custodian of Records: Idea books and records.	ntify by name, address (phone nun	nber optional) and	position of the pe	erson in possession of committee
	Full Name Rolbie	ert Ficicition	<u> </u>		
	Mailing Address	PO BOX 2485	-		
		Sipiri: marticellie	<u> </u>		22152-
	Title or Position	CITY		STATE	ZIP CODE
	TIFICIAISILIFRIT		, Telephone	number 7	23-13/10-161/25
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number option assistant treasurer).	nal) of the treasurer o	of the committee;	and the name and address of
	Full Name of Treasurer	ert, F. Garlin	<u> </u>		
	Mailing Address	PIDI BIOK, 2445	- <u>                                     </u>		
		BALLING FIRE OUTY		STATE	ZIP CODE
	Title or Position		Telephone	number 70	23-31-01-6125

Full Name of Designated Agent  Mailing Address  CITY STATE ZIP CODE  Title or Position  Telephone number  Telephone number  Parks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, resafety deposit boxes or maintains funds.  Name of Bank, Depository, etc.  Mailing Address  Light Sight Mich  CITY STATE ZIP CODE  Name of Bank, Depository, etc.	Address  City State ZIP CODE  Telephone number	FEC Form 1 (F	Revised 02/2009)		Page 4
Designated Agent  Mailing Address  CITY STATE ZIP CODE  Title or Position  Telephone number  Telephone	Address  City State ZIP CODE  Telephone number	<del></del>	<u> </u>		· · · · · · · · · · · · · · · · · · ·
Mailing Address  CITY STATE ZIP CODE  Title or Position  Telephone number  Telephone	CITY STATE ZIP CODE  r Position  Telephone number  Telephone numbe	Designated I			
CITY STATE ZIP CODE  Title or Position  Telephone number  Telephon	CITY STATE ZIP CODE  r Position  Telephone number  Telephone numbe	Agent L_L			
Title or Position  Telephone number  Telephone n	CITY STATE ZIP CODE  Telephone number  Telephone	Mailing Address		<u> </u>	<u> </u>
Title or Position    Telephone number	CITY STATE ZIP CODE  Telephone number  Telephone				
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, resafety deposit boxes or maintains funds.  Name of Bank, Depository, etc.  Mailing Address  Pagaria Address  City  State  Zip Code  Name of Bank, Depository, etc.	Telephone number  Telephone nu		<u> </u>	STATE	ZIP CODE
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, resafety deposit boxes or maintains funds.  Name of Bank, Depository, etc.	or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents deposit boxes or maintains funds.  of Bank, Depository, etc.    Branch Bank First Company   Address   1906   100	Title or Position			
Safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.    Branch Bank of Trust Company     Mailing Address	deposit boxes or maintains funds.  of Bank, Depository, etc.    Brigingh Bigink 4   Trust Company   Address   1905   K St NW     Waishington   DC   20066 -     CITY STATE ZIP CODE		Telephone nu	mber	
Safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.    Branch Bank Figure 1   Start Company     Mailing Address   1905   K St NW     Washing 1   DC   20066     City   State   Zip Code	deposit boxes or maintains funds.  of Bank, Depository, etc.    Brigingh Bigink 4   Trust Company   Address   1905   K St NW     Waishington   DC   20066 -     CITY STATE ZIP CODE				
Name of Bank, Depository, etc.    Brianch Bank of Trust Company   Mailing Address   1909   K   St   N   W     Walshing John   DC   20066     CITY   STATE   ZIP CODE	of Bank, Depository, etc.    Branch Bank of Trust Company   Address   1905 K St NW     Washington   DC   20066-   CITY STATE ZIP CODE	Banks or Other Dend	reiteries. List all banks ar ather descritories in which the commi		
Mailing Address  Mailin	Branch Bank of Trust Company  Address  1909 K St NW  Washington  CITY STATE ZIP CODE	During Or Other Dopt	osnories: List all banks or other depositories in which the commi	ttee deposits	funds, holds accounts, rents
Mailing Address    1909   K   St   N   W	Address    1909   K   St   N   W   DC   20066     CITY   STATE   ZIP CODE	safety deposit boxes of	or maintains funds.	ttee deposits	funds, holds accounts, rents
Washington DC 20066-  CITY STATE ZIP CODE  Name of Bank, Depository, etc.	CITY STATE ZIP CODE  of Bank, Depository, etc.	safety deposit boxes of	or maintains funds.	ttee deposits	funds, holds accounts, rents
CITY STATE ZIP CODE  Name of Bank, Depository, etc.	CITY STATE ZIP CODE  of Bank, Depository, etc.	safety deposit boxes of Name of Bank, Depos	or maintains funds. itory, etc.	•	
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Name of Bank, Depository, etc.	of Bank, Depository, etc.	Name of Bank, Depos	r maintains funds. sitory, etc. rignicihi Biginiki Hi Trusti Com	•	
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CITY

STATE

ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate	
Hand Delivered	Date of Receipt  6/17/11
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confi	rmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busine	ss Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Receipt or Postmarked
R	6/17/11
PREPARER (3/2005)	DATE PREPARED